

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10817042
APPLICANT(S)

FILING DATE 04-05-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		/				
3		/				
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TOTAL IND.	3					
TOTAL DEP.	17	←	→	→	↓	
TOTAL CLAIMS	20	[QR]	[QR]	[QR]	[QR]	[QR]

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	→	→	↓	
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]